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Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

512297		143002585
Study Area Code (SAC An Eligible Telecommunica	•	Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).
2017	WY	Union Telephone Company
Recertification Year	State	ETC Name
N/A		
DBA, Marketing, or Ot (If same as ETC name, list "N	I/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
es the reporting compa	any have affiliated ETCs?	Yes 🖸 No 🖸
rmined in accordance with S	ection 3(2) of the Communications Ac	ing page 4 and additional sheets if necessary. Affiliation shall be t. That Section defines "affiliate" as "a person that (directly or indirectly rship or control with, another person." 47 U.S.C. § 153(2). See also 47
R. § 76.1200.		

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box, ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	. Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	. 0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an	officer of the company named above. I am au	thorized to make this certification	for the Study Area Code	listed
above.			, and the second	

Initial . Ou

Minimum Service Level

1 certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial ______

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Α.	.0	0	0	0	0	0	. 0	0	0	0	1	0	-1
В,	0	0.	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	0	0	0	1	. 0	1

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0 ·	0	0	0	0	0	0	0	1	0	1

E. Name of the data source(s) used to verify consumer eligibility:

nlad

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0 .	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt,

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H,	0	0	· 0	.0	0	0	0	0	0	0	0	0	. 0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	. 0	0	0	0.	0	0	. 0	0.	0

- J. Name of third party administrator used to verify subscriber eligibility:
- K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	. 0	0	0	Ö	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial:

R	ecerti	ifica	tion	Metho	·h	ETC
**	CLUE	111/11	LIVAR	TATOTIES		

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

$\mathbf{M} = (\mathbf{C} + \mathbf{K})$	N = (D + R + L)	O M/N/±100
nitial		
	federal low income support for any Lifeli / named above. I am authorized to make t	
Initial		
	as procedures in place to recertify consun pany named above. I am authorized to m	
Initial		
ertification for the SAC(s) fisted above.		

M = (G+K)	N = (D+R+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	1	0.0%

Signature Block

procedures. I am an officer of the company named at	above is in compliance with all federal Lifeline certification pove. I am authorized to make this certification for the Study
Area Code (SAC) listed above.	
Signed,	
	Reno, Chris : Acolg, Dir.
Signature of Officer	Printed Name and Title of Officer
	January 30, 2018
Email Address of Officer	Date
DeEtte D Wall	307-782-4160
Person Completing This Certification Form	Contact Phone Number

Affiliated ETCs

SAC	Name
THE RESIDENCE OF THE PROPERTY	
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